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NOTE: As required by Section 167.181, Revised Statutes of Missouri and by the Code of State Regulations, 19 CSR 20-28.010, the name of any parent/guardian who neglects or refuses to permit a nonexempted child to be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella shall be reported by the school administrator/superintendent to the **Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102**.

NAME OF SCHOOL OR SCHOOL SYSTEM					SCHOOL ID NO.			DATE					CONTACT PERSON	
STREET						COUNTY							CITY OR TOWN AND ZIP CODE	
NAME OF STUDENT	NAME OF PARENT	DATE OF BIRTH	GRADE	IMMUNIZATION(S) NEEDED (c						(check	all that	apply)	IMMUNIZATION FOLLOWUP - DUE 11-15-08	
IN NONCOMPLIANCE (Do NOT include <u>In Progress</u> or <u>Exempt</u> students in this column)				NO RECORD	DIPH & TET	PERTUSSIS	POLIO	MEASLES	RUBELLA	MUMPS	HEP B	VARICELLA	State month, day, and year of completed immunization(s) or indicate In Progress, Medical Exempt, or Religious Exempt. (Continue providing followup information until all students are compliant.)	

MO 580-0824 (6/08)